

# EXHIBIT 1



Settlement) including the parts repaired/replaced and a breakdown of the parts and labor costs;

- (f) The vehicle's mileage at the time of the repair;
- (g) If you are not the person to whom the Class Notice was mailed, you must also provide proof of ownership of the Settlement Class Vehicle; and
- (h) Proof of payment, including the amount paid, for the covered repair.

Total Dollar Amount Claimed For Repair:

\$     •

**(3) Provide Proof of Adherence to Vehicle Maintenance Schedule**

Provide documents or records evidencing your adherence to the oil maintenance aspects of the Settlement Class Vehicle's maintenance schedule set forth in the Warranty and Maintenance Booklet during the time you owned and/or leased the vehicle up to the date/mileage of the repair or replacement, within a variance of ten percent (10%) of each scheduled time/mileage oil maintenance interval. If, however, you are unable to obtain said documents or records despite a good faith effort to obtain them, you may submit a Declaration, signed under penalty of perjury, detailing: (i) the good faith efforts that you made to obtain the records including why the records are not available, and (ii) attesting to your adherence to the oil maintenance aspects of the vehicle's maintenance schedule during the time you owned or leased the vehicle, up to the date/mileage of the replacement/repair, within the ten percent (10%) variance set forth above. A form Declaration is available for you on the Settlement website at [www.\\_\\_\\_\\_\\_.com](http://www._____.com).

**(4) Answer the Following Question:**

For the amount of the repair cost for which you are seeking to be reimbursed, did you receive any payment, credit, coverage, concession, or reimbursement for all or any part of that amount from any other source, including from Audi, any warranty, maintenance program, goodwill, coupon or reduction, or other full or partial reimbursement or refund (for example, by an Audi dealership or any insurance company, under any extended warranty or service contract, or by any other source)?

☐ Yes ☐ No

If you answered YES, list the total amount of the cost for which you received a payment, reimbursement, coverage, credit, or concession:

\$     •

**(5) Sign & Date:**

All the information that I (we) supplied in this Claim Form is true and correct to the best of my (our) knowledge and belief, and this document is signed under penalty of perjury.

Signature

Date:

MM

DD

YYYY

**(6) Mail Claim Form and all Documents/Paperwork, postmarked no later than \_\_\_\_\_, 2024, to:**

JND Legal Administration

For more information, please view the Class Notice, call the Claims Administrator at 1-\_\_\_\_-\_\_\_\_-\_\_\_\_, or visit [www.\\_\\_\\_\\_\\_.com](http://www._____.com)